

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thais Hagen Gonzalez

Name

(2) 13090 Raymond Drive

Address (number and street)

Loxahatchee Groves, FL 33470

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: N/A

(4) Check appropriate box(es):

☒ Candidate Office Sought: Seat 4 - Town Council

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

## (5) Report Identifiers

Cover Period: From 11 / 01 / 2015 To 11 / 30 / 2015 Report Type: M11

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 100 . 00

Loans \$        ,        ,        .       

Total Monetary \$        ,        , 100.00

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 60 . 00

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        , 60 . 00

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 60 . 00

## (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Virginia Standish

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Virginia Standish  
Signature

(Type name) Thais Hagen Gonzalez

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Thais Hagen Gonzalez
**(2) I.D. Number** N/A  
**(3) Cover Period** 11 / 01 / 2015 through 11 / 30 / 2015
**(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
11 / 10 / 2015 M11 - Loan- 01	Thais Hagen Gonzalez 13090 Raymond Drive Loxahatchee FL 33470	S	Farm Manager	LOA			\$100.00
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/ /							
/ /							
/ /							
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Thais Hagen Gonzalez

(2) I.D. Number N/A

(3) Cover Period 11 / 01 / 2015 through 11 / 31 / 2015

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11 / 10 / 2015 + M11-EXP -01	Town of Loxhatchee Groves 155 F Road Loxahatchee, FL 33470	Filing Fee Seat 4 Town Council	CAN		\$60.00
/ /					
/ /					
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/ /					

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED  
NOV 10 2015

BY: V. Walton 10:47 Am

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

☒ Initial Filing of Form      Re-filing to Change: ☐ Treasurer/Deputy    ☐ Depository    ☐ Office    ☐ Party

**2. Name of Candidate** (in this order: First, Middle, Last)

Thais Hagen Gonzalez

**3. Address** (include post office box or street, city, state, zip code)

13090 Raymond DR.

**4. Telephone**

561 603 1313

**5. E-mail address**

thais.hagen@gmail.com

Loxahatchee, FL 33470

**6. Office sought** (include district, circuit, group number)

Town Council Seat 4

**7. If a candidate for a nonpartisan office, check if applicable:**

☐ My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

☐ Write-In    ☐ No Party Affiliation    ☐ \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**

☒ Campaign Treasurer    ☐ Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Virginia Standish

**11. Mailing Address**

P.O. Box 1071

**12. Telephone**

561 1308-6913

**13. City**

Loxahatchee

**14. County**

Palm Beach

**15. State**

FL

**16. Zip Code**

33470

**17. E-mail address**

vstandish@aol.com

**18. I have designated the following bank as my**

☐ Primary Depository    ☐ Secondary Depository

**19. Name of Bank**

SUN TRUST

**20. Address**

12870 Forest Hill Blvd.

**21. City**

Wellington

**22. County**

Palm Beach

**23. State**

FL

**24. Zip Code**

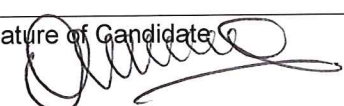
33414

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

**25. Date**

11/10/2015

**26. Signature of Candidate**

X 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, VIRGINIA STANDISH, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:

☒ Campaign Treasurer    ☐ Deputy Treasurer.

11-10-15

Date

X

Virginia Standish  
Signature of Campaign Treasurer or Deputy Treasurer